



May 18

BRITISH ANTARCTIC SURVEY MEDICAL UNIT

British Antarctic Survey Wintering staff Dental Assessment

BASMU 8 Form

Dear Colleague

The individual you are examining will shortly be deployed to the Antarctic for an extended period of time completely isolated from dental services. This could be for up to one year. Safeguarding the overall health and well-being of staff working in remote locations includes establishing thorough dental fitness prior to departing the UK. It is essential that all staff are dentally fit prior to travel to prevent avoidable emergencies in remote locations.

Please complete the attached form with appropriate radiographs for the patient. Your comments and the completed form will help us to determine the individual's fitness for deployment.

The individual will cover the reasonable cost of the examination, treatment and this report and will be responsible for returning the report and radiographs to BASMU (British Antarctic Survey Medical/Dental Unit). BAS fully understands and accepts it has no redress against you in the event of the individual encountering dental complications whilst in isolated areas but we would emphasise the importance of restoring carious lesions, removing teeth of poor prognosis or providing high quality root canal treatment where appropriate before signing the form.

We appreciate your support

Patient information for assessor (completed by patient)									
Name					Date of Birth				
Telephone					Email				
Antarctic Deployment Station					Winter deploy dates		to		

Information to be completed at assessment (completed by Dentist)									
Regular attender	Yes		No		Irregular attender	Yes		No	
Year of last GDP dental appt.									
Reason for last attendance:	Pain								
	Perio.								
	Fillings								
	Endodontics								
	Oral surgery								
	Check-up								
Other									
Assessment report									
Soft tissue examination									
BPE				Active periodontal disease					
3 rd molars	Present	UR 8		UL 8	Potentially symptomatic	UR 8		UL 8	
		LR 8		LL 8		LR 8		LL 8	

Please chart missing teeth, existing restorations, endodontically treated teeth and untreated disease if you have not been able to complete treatment you deem necessary to ensure the individual is dentally fit.

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
Right									Left							
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

Radiographs attached	B/W		OPT		P/As		Full mouth P/As		Other	
Dates when taken										

Treatment identified at assessment visit and completed		Treatment not yet completed	
Potential areas of concern			

I have thoroughly dentally examined this individual before his/her travel to the Antarctic. All necessary treatment has been completed and I have identified what I believe could be potential areas of concern.

Summary	
This individual has good oral health and is not expected to need routine treatment within the next 12 months	
This individual has oral conditions as outlined above but these conditions are not expected to need urgent/emergency treatment within the next 12 months	
This individual has oral conditions as outlined above that may need urgent/emergency treatment within the next 12 months	

Additional comments (review of endodontically treated teeth, vitality tests of heavily restored or traumatised teeth, manifestations of systemic disease, etc)

Signed		GDC Number	
Dentist Name		Performer's List Number	
Date		Practice telephone number	

Practice Stamp

Please remember to enclose radiographs as necessary. Thank you.